

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: OPTICAL TRANSCEIVER
Attorney Docket Number:: GNE462A
Request for Early No
Publication?::
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 3
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: JAPAN
Status:: Full Capacity
Given Name:: KAZUHIKO
Middle Name::
Family Name:: KURATA
City of Residence:: TOKYO
State or Province of
Residence::
Country of Residence:: JAPAN
Street of Mailing Address:: 7-1, SHIBA 5-CHOME

City of Mailing Address:: TOKYO
State or Province of Mailing Address::
Country of Mailing Address:: JAPAN
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: JAPAN
Status:: Full Capacity
Given Name:: NOBUHARU
Middle Name::
Family Name:: KAMI
City of Residence:: TOKYO
State or Province of
Residence::
Country of Residence:: JAPAN
Street of Mailing Address:: 7-1, SHIBA 5-CHOME

City of Mailing Address:: TOKYO
State or Province of Mailing Address::
Country of Mailing Address:: JAPAN

Postal or Zip Code of Mailing Address::

Correspondence Information

Correspondence Customer 000466
Number::

Representative Information

Representative Customer	000466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
JAPAN	401435/2000	12/28/00	Yes

Assignment Information

Assignee Name:: NEC CORPORATION

Street of Mailing Address:: 7-1, SHIBA 5-CHOME

City of Mailing Address:: TOKYO

State or Province of Mailing Address::

Country of Mailing Address:: JAPAN

Postal or Zip Code of Mailing Address::